

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4964AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2008
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME GROUP CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3413 ALPLAND LANE SPARKS, NV 89434		
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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey and Complaint Investigation conducted in your facility on 8/19/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. Complaint #NV00018873 was substantiated with deficiencies. The following deficiencies were identified:	Y 000		
Y 050 SS=I	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on interview and record review on 8/19/08, the facility administrator failed to provide the necessary oversight and direction to staff members to ensure 4 of 4 residents received needed services and to ensure the facility was in compliance with the regulations. Findings include: The facility administrator, Employee #3, failed to perform his duties as evidenced by the numerous citations listed in this statement. The administrator failed to ensure he employed qualified caregivers (YA106); failed to ensure caregivers who assisted residents their medications completed required training and passed an approved examination (Y876); failed to ensure medications were securely stored, documented and administered to residents (YA870, YA895, Y921, YA922); failed to ensure the physical environment was safe (Y207, Y435, Y444, Y451); and failed to ensure a resident received emergency medical care when needed (YA850). Severity: 3 Scope: 3	Y 050			
Y 207 SS=C	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC.	Y 207			

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Y 207	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 8/19/08, the facility failed to ensure the automatic fire sprinkler system was annually inspected by someone licensed to conduct the inspection Findings include: The inspection tag on the sprinkler system was dated 5/18/07. The administrator could not produce evidence that the inspection had been done in May 2008. Severity: 1 Scope: 3	Y 207		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 8/19/08, the facility failed to ensure its fire extinguisher was inspected, charged and tagged annually as required. Findings include: The inspection tag on the fire extinguisher located in the kitchen indicated it was last inspected on 8/6/07. The pressure indicator	Y 435		

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Y 435	Continued From page 3 showed the extinguisher still held a charge. Severity: 1 Scope: 3	Y 435		
Y 444 SS=C	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on interview on 8/19/08, the facility failed to ensure all smoke detectors in the facility were tested monthly as required. Findings include: The administrator stated he did not have evidence of monthly smoke detector checks for the past 12 months. Severity: 1 Scope: 3	Y 444		
Y 451 SS=D	449.231(2)(a) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans.	Y 451		

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Y 451	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 8/19/08, the facility did not ensure a complete first aid kit was available in the facility. Findings include: The administrator did not have a cardiopulmonary resuscitation (CPR) shield or mask available in the first aid kit. Severity: 2 Scope: 1	Y 451			
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: NRS 449.037(6) The Board shall adopt separate regulations regarding the assistance which may be given pursuant to NRS 453.375 and 454.213 to an ultimate user of controlled substances or dangerous drugs by employees of residential facilities for groups. The regulations must require at least the following conditions before such assistance may be given: (e) The employee has successfully completed training and examination approved by the Health division regarding the authorized manner or	Y 876			

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Y 876	Continued From page 5 assistance. Based on record review on 8/19/08, the facility did not ensure 2 of 5 caregivers had evidence of medication administration training and of passing an approved examination. Findings include: Employees #1 and #2 did not have files at the facility. The administrator admitted both employees had cared for residents at the facility and administered medications to them. The administrator could not provide evidence either employee had attended medication administration training and passed an approved examination. Severity: 2 Scope: 2	Y 876			
Y 921 SS=F	449.2748(2) Medication Storage NAC 449.2748 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. This Regulation is not met as evidenced by: Based on observation on 8/19/08, the facility did not ensure that refrigerated medications for 2 of 2 residents were appropriately stored. Findings include: Review of the refrigerator revealed two bottles of liquid Morphine, one labeled for Resident #3 and one for Resident #2. The bottles were stored	Y 921			

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Y 921	Continued From page 6 unsecured on a shelf in the door of the refrigerator. A bottle of Milk of Magnesia and a bottle of generic antacid were also found in the door of the refrigerator. The bottles were not labeled with a resident's name and the administrator could not state which resident had been prescribed to take these medications. Severity: 2 Scope: 3	Y 921		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 8/19/08, facility did not ensure 1 of 4 residents had evidence of compliance with initial tuberculosis (TB) testing requirements. Findings include: Resident #3 was admitted on 4/15/08. There was no evidence of a two-step TB skin test in the resident's file. Severity: 2 Scope: 1	Y 936		

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YA106 SS=F	<p>449.200(1)(2)(3)Personnel Files</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(a) The name, address, telephone number and social security number of the employee;</p> <p>(b) The date on which the employee began his employment at the residential facility;</p> <p>(c) Records relating to the training received by the employee;</p> <p>(d) The health certificates required pursuant to chapter 441 of NAC for the employee;</p> <p>(e) Evidence that the references supplied by the employee were checked by the residential facility; and</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required to subsection 1:</p> <p>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; and</p> <p>(b) Proof that the caregiver is 18 years of age or older.</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of this facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files.</p>	YA106		

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YA106	<p>Continued From page 8</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 8/19/08, the facility failed to ensure 5 of 5 employees met all of the requirements for a caregiver.</p> <p>Findings include:</p> <p>Employee #1: A complaint was received by the Bureau from Elder Protective Services (EPS) that the administrator hired Employee #1 with no evidence of his qualifications. During the EPS visit, it was determined the administrator lost his two long term caregivers and hired the employee based on the recommendation from another administrator. The administrator admitted to the EPS representative that he allowed the employee to care for residents without obtaining any information on the employee prior to or after his hire. The administrator did not have evidence the employee met the requirements for tuberculosis (TB) testing, a pre-employment physical, background criminal history check, first aid training, cardiopulmonary resuscitation (CPR) training or medication training. Residents reported to the EPS representative that the employee was rude and provided inadequate meals - such as serving old, cold pizza for breakfast and frozen foods that were incompletely cooked. It was reported the administrator fired the employee after being informed of EPS's concerns.</p>	YA106			

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YA106	Continued From page 9 Employee #2: The administrator stated he did not have a file on the employee and had not received any information from the employee to ensure he was qualified to be a caregiver before allowing him to care for the residents. The employee was the only caregiver on duty at the start of the survey and he stated he had worked at the facility for four weeks. The administrator did not have evidence the employee met the requirements for tuberculosis (TB) testing, a pre-employment physical, background criminal history check, first aid training, cardiopulmonary resuscitation (CPR) training or medication training. Employee #3: The administrator listed his hire date at 9/1/07. There was no evidence in the file of any annual training. His initial physical was not dated. Employee #4: The hire date for the employee, the administrator's son, was listed as 9/1/07. There was no evidence of first aid or CPR training in the employee's file. There was also no evidence of annual training in the file. Employee #5: The hire date for the employee was listed at 9/1/07. There was a copy of a positive TB test in the file and a signs and symptoms review for 2007, but no evidence of a negative chest x-ray. There was no evidence of first aid or CPR training in the file. There was also no evidence of annual training in the file. Severity: 2 Scope: 3	YA106		
YA850 SS=G	449.274(1)(a,b) Med. Care of resident NAC 449.274	YA850		

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YA850	<p>Continued From page 10</p> <p>1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall:</p> <p>(a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and</p> <p>(b) Request emergency services when such services are necessary.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 8/19/08, the facility failed to ensure 1 of 4 residents received timely emergency medical care.</p> <p>Findings include:</p> <p>Resident #2 had Parkinson's disease, was on hospice, was able to use the toilet with help from caregivers, but used a condom catheter at night. The wife of Resident #2 was at the facility during the survey and reported she visited her husband everyday. She stated Employee #2 had been working alone at the facility everyday for the last week and did not appear to have training on proper lifting and transfer techniques. She stated she observed him having difficulty with transferring her husband from his bed to wheelchair, wheelchair to toilet, and wheelchair to a recliner. She reported she complained to the administrator and was worried the employee or her husband could be injured. The administrator told her he would provide transfer training to the employee.</p>	YA850		

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YA850	Continued From page 11 The wife of Resident #2 reported she received a telephone call from Employee #1 around 10:00 AM a week ago. The employee told her he had tried to wake the resident up before breakfast and the resident was lethargic and felt very warm. When he eventually went back to get the resident out of bed, the resident was unable stand up during the transfer. The employee also told her that he finally got the resident out of bed and put him on the toilet, but he could not now lift the resident off the toilet. She stated she told the employee he needed to call the hospice nurse and he told her he would. She stated she arrived an hour later and the hospice nurse was not at the facility. When she questioned the employee, he said he told the nurse he needed help with the resident, but did not give give the nurse all the information about his current condition. The wife had to call the nurse herself to explain the resident's symptoms and the hospice nurse told her she would be right over. After the hospice nurse arrived, the wife reported the resident was sent to the hospital emergency room, was diagnosed with a urinary tract infection and had to be admitted. Severity: 3 Scope: 1	YA850			
YA870 SS=C	449.2742(1)(a-c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:	YA870			

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YA870	<p>Continued From page 12</p> <p>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and</p> <p>(2) Provides a written report of that review to the administrator of the facility;</p> <p>(b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and</p> <p>(c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/19/08, the facility did not ensure it met the requirement of medication regimen reviews for 1 of 1 residents who had lived in the facility for more that six months.</p> <p>Findings include:</p> <p>Resident #2 was admitted on 1/4/08. The administrator could not show evidence that the medication regimen for Residents #2 were being reviewed every six months for accuracy and appropriateness.</p> <p>Severity: 1 Scope: 3</p>	YA870		
YA895 SS=C	449.2744(1)(b) Medication/MAR	YA895		

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YA895	<p>Continued From page 13</p> <p>NAC 449.2744</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain:</p> <p>(b) A record of the medication administered to each resident. The record must include:</p> <p>(1) The type of medication administered;</p> <p>(2) The date and time that the medication was administered;</p> <p>(3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 8/19/08, the facility did not ensure medication administration was documented for 4 of 4 residents.</p> <p>Findings include:</p> <p>Resident #3: The resident was admitted to the facility on 4/15/08 and was on hospice for end-stage heart and lung problems. The hospice service provided medications for these conditions including: Senna 8.6 mg, one to four to be taken at bedtime to ensure bowel movements; Methadone 10 mg, one tablet two times a day for pain; Combivent inhaler, every six hours for breathing; Spiriva inhaler, one puff every day; Advair 250/50, one puff twice a day; Roxanol (morphine liquid) 0.25 ml, every 15 minutes as</p>	YA895			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4964AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2008
NAME OF PROVIDER OR SUPPLIER HOME SWEET HOME GROUP CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3413 ALPLAND LANE SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
YA895	Continued From page 14 needed for pain; and Lorazepam 0.5 mg, one tablet at 7:00 AM, 3:00 PM, and two at 9:00 PM for anxiety, shortness of breath, or restlessness. Review of the resident's August 2008 medication administration record (MAR) revealed no evidence that her medications had been given since 8/1/08. The Administrator stated that he had no idea if, or where caregivers were documenting their assistance with her medications. Residents #1, #2 and #4: The MARs for the three residents were not initialed by caregivers from 8/11/08 to 8/19/08. The dated bubble packs for Resident #1 showed her medications were given to her. Resident's #2 and #4 had bottled medications, so it was unknown if their medications had been administered to them. Severity: 1 Scope: 3	YA895			
YA922 SS=D	449.2748(3)(a,b) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on observation on 8/19/08, the facility did not resident medications were kept in their	YA922			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4964AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2008
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YA922	<p>Continued From page 15</p> <p>original container for 1 of 4 residents and did not ensure two over-the-counter medications were labeled with resident names and their physician's name.</p> <p>Findings include:</p> <p>Resident #1 and Resident #3 shared a bedroom. At 12:15 PM, a small cup was observed on the bedside table of Resident #1 with eight pills in it. Resident #1 reported the cup contained her morning medications. She could not identify them by name or what they were prescribed for, but stated that the caregiver had given them to her earlier that morning.</p> <p>A bottle of Milk of Magnesia and a bottle of generic antacid were found in the door of the refrigerator and were not labeled with a resident or physician's name. The administrator stated he did not know which resident the medications belonged to.</p> <p>Severity: 2 Scope: 2</p>	YA922			

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